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Effective on 12/08/	Complete ii Known					
Fees pursuant to the Consolidated Appropri	Application Number 10/539,553-Conf. #2684					
FEE TRANS	Filing Date June 19, 2006					
For FY 2008		First Named Inventor N		Morgan Larsson		
F01 F1 2000		Examiner Name M. D. Ma		I. D. Masinicl	<u> </u>	
Applicant claims small entity state	Art Unit 2125					
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No. 1807		807-0184PU	S1	
METHOD OF PAYMENT (check	all that apply)		 .			
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account I	Number: 02-2448	Deposit /	Account Name:_	Birch, Stewart	, Kolasch &	Birch, LLP
For the above-identified depo	sit account, the Director i	s hereby authorize	ed to: (check	all that apply)		
x Charge fee(s) indicated	below	Charge	e fee(s) indi	cated below, e	xcept for th	e filing fee
Charge any additional f	ee(s) or underpayments o	f x Credit	any overpay	ments		
FEE CALCULATION				•		
1. BASIC FILING, SEARCH, AND EX	KAMINATION FEES					
FII		ARCH FEES	EXAMINA	ATION FEES		
Application Type Fee (\$	Small Entity) Fee (\$) Fee (\$	Small Entity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility 310	155 510		210	105		
Design 210	105 100	50	130	65		
Plant 210	105 310		160	80		
Reissue 310	155 510		620	310		
Provisional 210	105 0	.0	0	0	•	
2. EXCESS CLAIM FEES						Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reiss					50	25
Each independent claim over 3 (incl	uding Reissues)				210	105
Multiple dependent claims					370	185
<u>otal Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>		Paid (\$)	Multiple Dependent Claims			
HP = highest number of total claims paid for			<u>Fee</u>	<u>(\$)</u> !	Fee Paid (\$	1
Indep. Claims Extra Claims	-	Paid (\$)	-			_
2 -3=		<u> </u>				
HP = highest number of independent claims	paid for, if greater than 3.					
3. APPLICATION SIZE FEE						
If the specification and drawings ex						
listings under 37 CFR 1.52(e)), the sheets or fraction thereof. See 3			or small ent	ity) for each a	dditional 50)
Total Sheets Extra Sheets		additional 50 or frac	tion thoroof	Fee (\$)	Foo F	Paid (\$)
- 100 =					= <u>1 CC 1</u>	αια (ψ)
4. OTHER FEE(S)		, ,	,		Fees	Paid (\$)
Other (e.g., late filing surcharge): 1251 Extension for response within first month					120.00	
SUBMITTED BY A	1 0 14			****	···-	
Signature	- 1 \() 	Registration No.		1		
<u> </u>	Jatte	(Attorney/Agent)	28,380	Telephone	(703) 205	5-8015